

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/652257**  
FILING DATE  
APPLICANT

**12/15/5**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14			1				64						
15			1				65						
16				1			66						
17				1			67						
18			1				68						
19				1			69						
20				1			70						
21			1				71						
22				4			72						
23				4			73						
24				3			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29			1				79						
30				1			80						
31				1			81						
32				1			82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42				2			92						
43				2			93						
44			1				94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	16	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	38	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			54				TOTAL CLAIMS						